



Region 2

ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

10/16/2012

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER:	NYD088498514
INSTALLATION NAME:	ATLAS PARK - PARCEL B
INSTALLATION ADDRESS :	8000 COOPER AVE GLENDALE, NY 11385
MAILING ADDRESS :	8000 COOPER AVE GLENDALE, NY 11385

EPA Form 8700-12AB (4-80)


USEPA - REGION 2
RCRA Programs Branch
290 Broadway, 22nd Floor
New York, NY 10007-1866

ATTN: RCRA NOTIFICATIONS
Tel : (212) 637-4106
Fax: (212) 637-4437

TO: ATLAS PARK - PARCEL B
or Current Occupant

ATTN: LIZA DIAZ
71-19 80TH ST BLDG 8
GLENDALE, NY 11385

Wld

SEND COMPLETED FORM TO: The Appropriate State or Regional Office.	<div>2012 AUG 15 PM 1:21</div> <div>United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM</div> <div>PROGRAMS BRANCH</div>																														
1. Reason for Submittal MARK ALL BOX(ES) THAT APPLY	Reason for Submittal: <input checked="" type="checkbox"/> To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location) <input checked="" type="checkbox"/> To provide a Subsequent Notification (to update site identification information for this location) <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____) <input type="checkbox"/> As a component of the Hazardous Waste Report (If marked, see sub-bullet below) <input type="checkbox"/> Site was a TSD facility and/or generator of $\geq 1,000$ kg of hazardous waste, >1 kg of acute hazardous waste, or >100 kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations)																														
2. Site EPA ID Number	EPA ID Number NYC000000000000000000 NYD 088498514																														
3. Site Name	Name: Atlas Park - Parcel B																														
4. Site Location Information	Street Address: 8000 Cooper Avenue City, Town, or Village: Glendale County: Queens State: New York Country: USA Zip Code: 11385																														
5. Site Land Type	<input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other																														
6. NAICS Code(s) for the Site (at least 5-digit codes)	<table border="1"><tr><td>A.</td><td>5</td><td>3</td><td>1</td><td>1</td><td>2</td><td>0</td></tr><tr><td>B.</td><td>4</td><td>5</td><td>2</td><td>9</td><td>9</td><td></td></tr><tr><td>C.</td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>D.</td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>			A.	5	3	1	1	2	0	B.	4	5	2	9	9		C.							D.						
A.	5	3	1	1	2	0																									
B.	4	5	2	9	9																										
C.																															
D.																															
7. Site Mailing Address	Street or P.O. Box: 8000 Cooper Avenue City, Town, or Village: Glendale State: New York Country: USA Zip Code: 11385																														
8. Site Contact Person	First Name: Liza MI: Last: Diaz Title: Property Manager Street or P.O. Box: 71-19 80th Street, Building 8 City, Town or Village: Glendale State: New York Country: USA Zip Code: 11385 Email: Liza.Diaz@macerich.com Phone: (718) 326-3300 Ext.: 104 Fax: (718) 326-3311																														
9. Legal Owner and Operator of the Site	<table border="1"><tr><td colspan="2">A. Name of Site's Legal Owner: WMAP, LLC</td><td>Date Became Owner: 02/2011</td></tr><tr><td colspan="3">Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</td></tr><tr><td colspan="3">Street or P.O. Box: 401 Wilshire Boulevard, Suite 700</td></tr><tr><td colspan="2">City, Town, or Village: Santa Monica</td><td>Phone: (310) 394-6000</td></tr><tr><td>State: California</td><td>Country: USA</td><td>Zip Code: 90401</td></tr><tr><td colspan="2">B. Name of Site's Operator: WMAP, LLC</td><td>Date Became Operator: 02/2011</td></tr><tr><td colspan="3">Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</td></tr></table>			A. Name of Site's Legal Owner: WMAP, LLC		Date Became Owner: 02/2011	Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other			Street or P.O. Box: 401 Wilshire Boulevard, Suite 700			City, Town, or Village: Santa Monica		Phone: (310) 394-6000	State: California	Country: USA	Zip Code: 90401	B. Name of Site's Operator: WMAP, LLC		Date Became Operator: 02/2011	Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other									
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10. Type of Regulated Waste Activity (at your site)Mark "Yes" or "No" for all current activities (as of the date submitting the form); complete any additional boxes as instructed.**A. Hazardous Waste Activities; Complete all parts 1-10.**Y ☒ N ☐**1. Generator of Hazardous Waste**

If "Yes", mark only one of the following – a, b, or c.

- ☒ a. LQG: Generates, in any calendar month, 1,000 kg/mo (2,200 lbs./mo.) or more of hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs./mo) of acute hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 100 kg/mo (220 lbs./mo) of acute hazardous spill cleanup material.

- ☐ b. SQG: 100 to 1,000 kg/mo (220 – 2,200 lbs./mo) of non-acute hazardous waste.

- ☐ c. CESQG: Less than 100 kg/mo (220 lbs./mo) of non-acute hazardous waste.

If "Yes" above, indicate other generator activities in 2-4.

Y ☐ N ☒

- 2. Short-Term Generator** (generate from a short-term or one-time event and not from on-going processes). If "Yes", provide an explanation in the Comments section.

Y ☐ N ☒

- 3. United States Importer of Hazardous Waste**

Y ☐ N ☒

- 4. Mixed Waste (hazardous and radioactive) Generator**

Y ☐ N ☒

- 5. Transporter of Hazardous Waste** If "Yes", mark all that apply.

- ☐ a. Transporter
☐ b. Transfer Facility (at your site)

Y ☐ N ☒

- 6. Treater, Storer, or Disposer of Hazardous Waste** Note: A hazardous waste Part B permit is required for these activities.

Y ☐ N ☒

- 7. Recycler of Hazardous Waste**

Y ☐ N ☒

- 8. Exempt Boiler and/or Industrial Furnace** If "Yes", mark all that apply.

- ☐ a. Small Quantity On-site Burner Exemption
☐ b. Smelting, Melting, and Refining Furnace Exemption

Y ☐ N ☒

- 9. Underground Injection Control**

Y ☐ N ☒

- 10. Receives Hazardous Waste from Off-site**

B. Universal Waste Activities; Complete all parts 1-2.Y ☐ N ☒

- 1. Large Quantity Handler of Universal Waste** (you accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste managed at your site. If "Yes", mark all that apply.

- a. Batteries ☐
b. Pesticides ☐
c. Mercury containing equipment ☐
d. Lamps ☐
e. Other (specify) _____ ☐
f. Other (specify) _____ ☐
g. Other (specify) _____ ☐

Y ☐ N ☒

- 2. Destination Facility for Universal Waste**

Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities; Complete all parts 1-4.Y ☐ N ☒

- 1. Used Oil Transporter** If "Yes", mark all that apply.

- ☐ a. Transporter
☐ b. Transfer Facility (at your site)

Y ☐ N ☒

- 2. Used Oil Processor and/or Re-refiner** If "Yes", mark all that apply.

- ☐ a. Processor
☐ b. Re-refiner

Y ☐ N ☒

- 3. Off-Specification Used Oil Burner**

Y ☐ N ☒

- 4. Used Oil Fuel Marketer** If "Yes", mark all that apply.

- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

D. Eligible Academic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K

- ❖ You can **ONLY** Opt into Subpart K if:
- you are at least one of the following: a college or university; a teaching hospital that is owned by or has a formal affiliation agreement with a college or university; or a non-profit research institute that is owned by or has a formal affiliation agreement with a college or university; AND
 - you have checked with your State to determine if 40 CFR Part 262 Subpart K is effective in your state

- Y ☐ N ☒ 1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories
See the item-by-item instructions for definitions of types of eligible academic entities. Mark all that apply:
- ☐ a. College or University
- ☐ b. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university
- ☐ c. Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or university

- Y ☐ N ☒ 2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories

11. Description of Hazardous Waste

A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

U210						
U228						

B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-Regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed.

12. Notification of Hazardous Secondary Material (HSM) Activity

Y ☐ N ☒ Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?

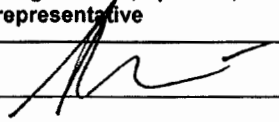
If "Yes", you must fill out the Addendum to the Site Identification Form: Notification for Managing Hazardous Secondary Material.

13. Comments

Hazardous waste carbon containing tetrachloroethylene and trichloroethylene generated during treatment of contaminated groundwater plume. The waste is generated on a periodic basis.

change of ownership. P.F.L.

14. **Certification.** I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all owner(s) and operator(s) must sign (see 40 CFR 270.10(b) and 270.11).

Signature of legal owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	Aladdin Ghafari AVP, Environmental Affairs	8/13/2012

United States Environmental Protection Agency Washington, DC 20460															Please refer to the <i>Instructions for Filing Notification</i> before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).														
EPA Notification of Hazardous Waste Activity																													
For Official Use Only																													
Comments																													
C																													
C																													
Installation's EPA ID Number															Approved					Date Received (yr. mo. day)					Queens 081				
C F NYD088498514															T/A C 1					870115									
I. Name of Installation																													
EDWARD WECK COMPANY																													
II. Installation Mailing Address																													
Street or P.O. Box																													
C 3 8000 COOPER AVE																													
City or Town																				State					ZIP Code				
C 4 GLENDALE																				NY					11385				
III. Location of Installation																													
Street or Route Number																													
C 5 SAME																													
City or Town																				State					ZIP Code				
C 6																													
IV. Installation Contact																													
Name and Title (last, first, and job title)															Phone Number (area code and number)														
C 2 WESTER PETER REG. MGR															7188945150														
V. Ownership																													
A. Name of Installation's Legal Owner															B. Type of Ownership (enter code)														
C R HEMMERDINGER CORP															P														
VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)																													
A. Hazardous Waste Activity															B. Used Oil Fuel Activities														
<input checked="" type="checkbox"/> 1a. Generator <input type="checkbox"/> 2. Transporter <input type="checkbox"/> 3. Treater/Storer/Disposer <input type="checkbox"/> 4. Underground Injection <input type="checkbox"/> 5. Market or Burn Hazardous Waste Fuel (enter 'X' and mark appropriate boxes below) <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketer <input type="checkbox"/> c. Burner															<input type="checkbox"/> 6. Off-Specification Used Oil Fuel (enter 'X' and mark appropriate boxes below) <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketer <input type="checkbox"/> c. Burner <input type="checkbox"/> 7. Specification Used Oil Fuel Marketer (or On site Burner) Who First Claims the Oil Meets the Specification														
VII. Waste Fuel Burning: Type of Combustion Device (enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)																													
<input type="checkbox"/> A. Utility Boiler										<input type="checkbox"/> B. Industrial Boiler										<input type="checkbox"/> C. Industrial Furnace									
VIII. Mode of Transportation (transporters only — enter 'X' in the appropriate box(es))																													
<input type="checkbox"/> A. Air <input type="checkbox"/> B. Rail <input type="checkbox"/> C. Highway <input type="checkbox"/> D. Water <input type="checkbox"/> E. Other (specify)																													
IX. First or Subsequent Notification																													
Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.																													
<input checked="" type="checkbox"/> A. First Notification <input type="checkbox"/> B. Subsequent Notification (complete item C)															C. Installation's EPA ID Number														

ID — For Official Use Only																
C															T/A	C
W																1

X. Description of Hazardous Wastes (continued from front)

A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
F001					
7	8	9	10	11	12

B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
4226					
37	38	39	40	41	42
43	44	45	46	47	48

D. Listed Infectious Wastes. Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24)

☐ 1. Ignitable
(D001)

☐ 2. Corrosive
(D002)

☐ 3. Reactive
(D003)

☐ 4. Toxic
(D000)

XI. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature <i>Alice Hom</i>	Name and Official Title (type or print) ALICE HOM OFFICE MANAGER	Date Signed 1-14-87
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RECEIVED
HOLLANDS
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**ACKNOWLEDGEMENT OF NOTIFICATION
OF
HAZARDOUS WASTE ACTIVITY**

03/03/2006

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER:	NYD088498514
INSTALLATION NAME:	SHOPS AT ATLAS PARK THE
INSTALLATION ADDRESS :	8000 COOPER AVE GLENDALE, NY 11385
MAILING ADDRESS :	791 E 132ND ST BRONX, NY 10454

EPA Form 8700-12AB (4-80)

**USEPA - REGION 2
RCRA Programs Branch
290 Broadway, 22nd Floor
New York, NY 10007-1866**

**ATTN: RCRA NOTIFICATIONS
Tel : (212) 637-4106
Fax: (212) 637-3056**

**TO: SHOPS AT ATLAS PARK THE
or Current Occupant
ATTN: GUSTAVO SANCHEZ
791 E 132ND ST
BRONX, NY 10454**

OMB#: 2050-0028 Expires 1/31/2006

SEND COMPLETED FORM TO: The Appropriate State or EPA Regional Office		United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM	
1. Reason for Submittal (See instructions on page 13.) MARK ALL BOX(ES) THAT APPLY	Reason for Submittal: <input checked="" type="checkbox"/> To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities) <input type="checkbox"/> To provide Subsequent Notification of Regulated Waste Activity (to update site identification information) <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # <u> </u>) <input type="checkbox"/> As a component of the Hazardous Waste Report		
2. Site EPA ID Number (page 14)	EPA ID Number <u>N4D088498514</u>		
3. Site Name (page 14)	Name: <u>THE SHOPS AT ATLAS PARK</u>		
4. Site Location Information (page 14)	Street Address: <u>8000 COOPER AVE</u>		
	City, Town, or Village: <u>GLENDALE</u>		State: <u>NY</u>
	County Name: <u>NASSAU</u>		Zip Code: <u>11385</u>
5. Site Land Type (page 14)	Site Land Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
6. North American Industry Classification System (NAICS) Code(s) for the Site (page 14)	A. <u>45299</u>		B. <u> </u>
	C. <u> </u>		D. <u> </u>
7. Site Mailing Address (page 15)	Street or P. O. Box: <u>791 E 132 ST</u>		
	City, Town, or Village: <u>Bronx</u>		
	State: <u>NY</u>		
	Country: <u> </u>		Zip Code: <u>10454</u>
8. Site Contact Person (page 15)	First Name: <u>Gustavo</u> MI: <u> </u>		Last Name: <u>Sanchez</u>
	Phone Number: <u>(646) 522 5537</u> Extension: <u> </u>		Email address: <u> </u>
9. Operator and Legal Owner of the Site (pages 15 and 16)	A. Name of Site's Operator: <u>Timothy BRACO</u>		Date Became Operator (mm/dd/yyyy): <u>11/21/05</u>
	Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
	B. Name of Site's Legal Owner: <u>ATCO PROPERTIES, MGMT., INC.</u>		Date Became Owner (mm/dd/yyyy): <u>10/01/2004</u>
	Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		

EPA ID NO: []

OMB#: 2050-0028 Expires 1/31/2006

9. Legal Owner (Continued) Address	Street or P. O. Box: 70-34 83 rd ST.	
	City, Town, or Village: BUILDING 19 (2 nd floor)	
	State: GLENDALE, NY.	
	Country: USA	Zip Code: 11385

10. Type of Regulated Waste Activity

Mark "Yes" or "No" for all activities; complete any additional boxes as instructed. (See instructions on pages 16 to 20.)

A. Hazardous Waste Activities

Complete all parts for 1 through 6.

☒ ☐ 1. Generator of Hazardous Waste

If "Yes", choose only one of the following - a, b, or c.

☐ a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.)
of non-acute hazardous waste; or☒ b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.)
of non-acute hazardous waste; or☐ c. CESQG: Less than 100 kg/mo (220 lbs./mo.)
of non-acute hazardous waste

In addition, indicate other generator activities.

☐ ☒ d. United States Importer of Hazardous Waste☐ ☒ e. Mixed Waste (hazardous and radioactive) Generator☐ ☒ 2. Transporter of Hazardous Waste☐ ☒ 3. Treater, Storer, or Disposer of
Hazardous Waste (at your site) Note:
A hazardous waste permit is required for
this activity.☐ ☒ 4. Recycler of Hazardous Waste (at your
site)☐ ☒ 5. Exempt Boiler and/or Industrial
Furnace

If "Yes", mark each that applies.

☐ a. Small Quantity On-site Burner
Exemption☐ b. Smelting, Melting, and Refining
Furnace Exemption☐ ☒ 6. Underground Injection Control

B. Universal Waste Activities

☐ ☒ 1. Large Quantity Handler of Universal Waste (accumulate
5,000 kg or more) [refer to your State regulations to
determine what is regulated]. Indicate types of universal
waste generated and/or accumulated at your site. If "Yes",
mark all boxes that apply:

	Generate	Accumulate
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>
c. Thermostats	<input type="checkbox"/>	<input type="checkbox"/>
d. Lamps	<input type="checkbox"/>	<input type="checkbox"/>
e. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
f. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
g. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

☐ ☒ 2. Destination Facility for Universal Waste

Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities

Mark all boxes that apply.

☐ ☒ 1. Used Oil Transporter

If "Yes", mark each that applies.

☐ a. Transporter
☐ b. Transfer Facility☐ ☒ 2. Used Oil Processor and/or Re-refiner

If "Yes", mark each that applies.

☐ a. Processor
☐ b. Re-refiner☐ ☒ 3. Off-Specification Used Oil Burner☐ ☒ 4. Used Oil Fuel Marketer

If "Yes", mark each that applies.

☐ a. Marketer Who Directs Shipment of
Off-Specification Used Oil to
Off-Specification Used Oil Burner
☐ b. Marketer Who First Claims the
Used Oil Meets the Specifications

**AMERICAN HAZARDOUS MATERIALS
MANAGEMENT INC.**



MICHAEL MANUELLA PHONE (631) 924-5967
DIRECTOR OF OPERATIONS FAX (631) 924-9793
303 MIDDLE COUNTRY ROAD, MIDDLE ISLAND, NY 11953

COVER SHEET

EPA ID NUMBER REQUEST FORM COVER SHEET
AMERICAN HAZARDOUS MATERIALS
MANAGEMENT, INC.
303 MIDDLE COUNTRY ROAD
MIDDLE ISLAND, N.Y. 11953
PHONE:(631) 924-5967 FAX:(631) 924-9793

TO: MR. JACK HOYT DATE:
COMPANY: ENVIRONMENTAL PROTECTION AGENCY
PHONE: (212) 637-4106 FAX: (212) 637-4949 3056
FROM: MICHAEL MANUELLA PAGES: cover + 3

DEAR EPA: PLEASE ISSUE A GENERATOR EPA ID # FOR THE
ENCLOSED FORM.

PLEASE CALL OUR OFFICE WITH THE NUMBER WHEN IT IS ISSUED.
(800) 791-6001.

GENERATOR : Send the attached application, **signed in ink**, along with
this letter, to :

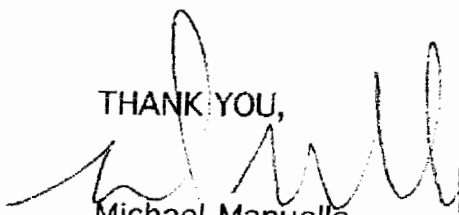
(3 PAGES)

U.S. EPA Region 2
Division Of Environmental Planning And Protection
Attn: RCRA Notifications
290 Broadway, 22nd Floor (Jack Hoyt)
New York, NY 10007-1866
Phone: 212-637-4106

(Please utilize an expedited overnight delivery service for a
prompt response.)

2/28/06 -
COMPLETED +
RETURNED TO
EPA

THANK YOU,


Michael Manuella
Director Of Operations

THANK YOU



Site Identification Form (cont.)



* = Indicates you must provide this field.

General Information:			
Received Date: *	Extract to Public <input checked="" type="checkbox"/>	Non- notifier: <input type="checkbox"/>	Send Acknowledgement: <input type="checkbox"/>
Number of Employees: 0			

1. Reason for Submittal(Source)
<input type="checkbox"/> To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities). (Source N)
<input checked="" type="checkbox"/> To provide subsequent notification (to update site identification information). (Source N)
<input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application. (Source A)
<input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application. (Source A)
<input type="checkbox"/> As a component of the Hazardous Waste Report. (Source R)
<input type="checkbox"/> Implementer - Agency that is Implementer of Record for Handler. (Source I)
<input type="checkbox"/> Emergency. (Source E)
<input type="checkbox"/> Temporary. (Source T)

2. Site ID			
EPA ID:	NYD088498514	Activity Location:	NY
Second ID:			

3. Site Name	
Name:	* EDWARD WECK CO

4. Site Location (Physical address not P.O. Box or Route)			
Number: 8000	Street1: * COOPER AVE	Street2:	
City: * GLENDALE	State: * NY - New York	Zip code: * 11385	County: * QUEENS - NY081
State District: NYSDEC R2			

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5. Site Land Type

Site Land Type:

6. North American Industry Classification System (NAICS)

A.

B.

C.

D.

7. Site Mailing Address

Copy address from

Number: 8000

Street1: COOPER AVE

Street2:

City: GLENDALE

State: NY - New York

Zip code: 11385

Country: US - UNITED STATES

8. Site Contact Person

First Name:

Middle Initial:

Last

Name:

Phone Number:

Phone Number

Ext:

Email

Address:

8a. Site Contact Address

Copy address from

Number:

Street1 or P.O.

Street2 or P.O.

Box:

Box:

City:

State:

Zip code:

Country: US - UNITED STATES

9. Legal Owner and Operator

Add/Update/Delete an Owner or Operator

A. Legal Owner



Act Loc	Seq	Ind	Type	Date Became Current	Date Ended Current	Owner Name	No.	Street	City	State	Zip	Phone	Cntry
---------	-----	-----	------	---------------------	--------------------	------------	-----	--------	------	-------	-----	-------	-------

D. State Activities

10a. Latitude/Longitude					
Latitude Measure: 0			Longitude Measure: 0		
Geometric Type Code:		Reference Point Code:		Source Map Scale Numbers:	0
Horizontal Accuracy Measure:		Horizontal Collection Method:		Horizontal Reference Datum:	

11. Description of Hazardous Wastes					
To enter multiple waste codes, hold down the CTRL key and click the individual codes or hold down the SHIFT key and click to select a range of codes.					
Type D	Type F	Type K	Type P	Type U	Type X
<input type="checkbox"/> Select All	<input type="checkbox"/> Select All	<input type="checkbox"/> Select All	<input type="checkbox"/> Select All	<input type="checkbox"/> Select All	<input type="checkbox"/> Select All
D001 D002 D003 D004 D005 D006 D007 D008 D009 D010	F001 F002 F003 F004 F005 F006 F007 F008 F009 F010	K001 K002 K003 K004 K005 K006 K007 K008 K009 K010	LABP P001 P002 P003 P004 P005 P006 P007 P008 P009	U001 U002 U003 U004 U005 U006 U007 U008 U009 U010	B001 B002 B003 B004 B005 B006 B007

12. Comments	2000	characters remaining.
Update 10/03 to ensure Leg_Dist is associated with correct Counties		

13. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.					
First Name		Middle Initial		Last Name	
Title		Date		Signature	
First Name		Middle Initial		Last Name	
Title		Date		Signature	
First Name		Middle Initial		Last Name	



Handler - Handler Search



Enter the Handler ID you wish to search on:

Handler ID:

[Search](#) [Cancel](#) [Clear](#)

Your search has found 1 handler(s).

Search Results

Act Loc	Handler Name	EPA Id	Street No.	Street Address	City	State	Zip Code	County	In a Universe
NY	EDWARD WECK CO	NYD088498514	8000	COOPER AVE	GLENDAL	NY	11385	QUEENS	N

URL: /HANDLER2/Handler_srch.asp



Handler Detail



EDWARD WECK CO

GLENDALE

NYD088498514

** = Indicates source record used for Universe Calculations

Handler Universes										
In a Universe	Genstatus	Transporter	Univ Waste	Recycler	Used Oil	Furnace Exempt	Importer	Onsite Burner Exem	Mixed Waste Gen	Underground Injection
N	N	N	N	N	NNNNNNNN	U	U	U	U	N

Permitting and Corrective Action Universes								
Permit Workload	Closure Workload	Postclosure Workload	Permit Progress	CA Workload	Subject to CA	Subject to CA - TSD	Subject to CA - Discretion	Subject to CA - Non-TSD
----	----	----	----	N	N	N	N	N

Compliance, Monitoring and Enforcement and GPRA Universes							
Full Enforcement	Operating TSDf	SNC	BOYSNC	GPRA Permit	GPRA Postclosure	GPRA CME	GPRA CA
----	----	N	N	N	N	N	N

Source Summary Table				
Act Loc	Source	Sequence	Receipt Date	Non-notifier
NY	** I	1	7/8/1999	
NY	N	1	1/15/1987	

Add Site Identification Form

RCRA Site Detail Report

Universe Justification

Create New Activity Location

Go To 

URL: /Handler2/HAND main.asp